

# **Review of the Evaluation Practices Used by the Wisconsin AODA Inner City Programs**

Department of Health and Family Services  
Office of Strategic Finance  
**Program Evaluation and Audit Section**

# **Review of the Evaluation Practices Used by the Wisconsin AODA Inner City Programs**

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December 2005**

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## **Executive Summary**

The Madison, Racine, Beloit and Kenosha AODA Inner City programs funded by the Substance and Abuse Prevention and Treatment (SAPT) block grant were reviewed to determine how accountability for the programs could be improved. Program evaluation plans for current projects as well as evaluation reports for the prior year were reviewed. We also spoke with Central Office contract staff in the Division of Disability and Elder Services and with county and local program directors by phone. The evaluation includes a description of each of the programs, including expected goals and objectives and reported outcomes.

### **Model Programs**

In total, the four counties operated 11 subprograms. The six subprograms in Dane and Racine counties are, with one exception, SAMHSA Model Programs, while the three Kenosha programs are classified by SAMHSA as Effective Programs. These programs have model implementation and evaluation procedures. We found that projects in the four counties are not currently demonstrating that they are implementing the programs as prescribed, including evaluation materials. The report recommends that projects implementing Model and Effective Programs should verify that they are complying with the standard implementation process and evaluation process or describe any differences between the model and the local projects in their applications.

### **Required Reporting**

The State/County Contract addendum for the Inner City allocation requires quarterly and year-end performance reports and requires that clients served are reported on HSRS. We found that quarterly and year-end performance reports were not generally turned in on time. Quarterly reports do not provide aggregated outcome results to date, and year-end reports report on selected outcome measures rather than on the total evaluation package. The report recommends that projects submit reports by the due date and provide summary and aggregate information of all outcome data.

None of the four counties were reporting on HSRS and some felt this was not appropriate given the prevention focus of their programs. The report recommends that Central Office staff clarify project responsibility for reporting clients receiving treatment and/or prevention services on HSRS.

### **Program Goals and Objectives**

For the most part, project outcomes and outcome measures were clear in the 2005 applications. However some areas of possible improvement were identified. Counties can also do a better job of including samples of evaluation measures in their applications.

### **Future Funding and Program Requirements**

Half of the funding for these programs has been provided through the Safe and Drug-Free Schools and Communities Act (SDFSCA). In the future these funds must be distributed through a competitive process. The Department has decided to provide a contract for six months of funding (\$25,000 SAPT block grant and \$28,581 SDFSCA) for each of the four AODA Inner

City programs. The remaining \$100,000 of the SAPT block grant funding will be included in the Safe & Drug Free Schools RFP that is due out early in 2006.

The four current Inner City programs may choose to compete for and secure funding through the competitive process established for SDFSCA funds. However, programs which do not successfully compete for these funds will need to find alternative resources to continue the current level of program services.

In response to this evaluation, the Department will provide closer monitoring of the Inner City programs in the future. The SDFSCA RFP will also include the following requirements:

- Inner City Prevention Programs will be consistent with the State Incentive Prevention Grant Action Plan.
- Programs will implement Model Programs or Evidence-Based Practices as appropriate for the population served.
- Programs will provide quarterly reports on the federal prevention national outcome measures as well as the treatment outcome measures as appropriate.
- All programs should submit both an implementation plan to assure that model programs are being implemented with fidelity as well as forward an evaluation plan to assure that outcomes are measurable.

The Department will develop an evaluation plan template similar to the one used in the State Incentive Grant to assure uniformity as well as to assure measures are consistent with federal Government Performance and Results Act (GPRA) and federal National Outcomes Measures (NOMS) requirements which would allow the state to carry out better cross-site evaluation to help determine effectiveness.

## **Introduction**

This review of the AODA Inner City programs was initiated by Secretary Nelson in order to recommend “evaluation strategies or approaches to make services more outcome-driven and performance accountable.”<sup>1</sup> These programs are currently managed within the Department by the Bureau of Mental Health and Substance Abuse Services in the Division of Disability and Elder Services.

Program funding totaling \$107,162 has been provided to each of four counties through the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) since 1989; currently programs receive \$50,000 from the SAPTBG and \$57,162 from the Safe and Drug-Free Schools and Communities Act (SDFSCA) for the programs. The programs were initially authorized by 1989 Wisconsin Act 31 Section 3023 (22x) (a) 3:

“In each of state fiscal years 1989-90 and 1990-91 expend \$200,000 to fund programs of service by private, nonprofit organizations to combat alcohol and other drug abuse problems in the inner-city areas of the cities of Madison, Racine, Beloit and Kenosha in the state.”

The U.S. Department of Education has recently advised states that SDFSCA dollars should be distributed through a competitive process. Program managers plan to distribute these funds, including the Inner Cities money, through an RFP process.

Dane, Kenosha, Racine and Rock counties sub-contract their AODA Inner City program dollars to local agencies, which provide prevention and treatment services to youth and, in some instances, adults including parents of participating youth. The programs, which are described below, vary among the four counties, and include 2-3 “sub-programs” targeting different age groups or groups with different needs within each county.

There were eleven such sub-programs in the four counties in 2004 and 2005. Three of the three Dane County sub-programs were U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs, as were two of the three Racine programs. The three Kenosha County sub-programs were SAMHSA Effective Programs. Neither of the two Rock County programs were SAMHSA-rated programs.

SAMHSA Model Programs “are well-implemented, well-evaluated programs, meaning they have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP) according to rigorous standards of research. Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training and technical assistance for nationwide implementation.” These programs “have been tested in communities, schools, social service organizations, and workplaces across America, and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors.”<sup>2</sup> SAMHSA “Effective Programs” have

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<sup>1</sup> Status Report On Decisions on AODA Block Grant, 11-15-2004

<sup>2</sup> U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention website

the same evidence-based support as Model Programs; the one difference being that their “developers have yet to agree to work with SAMHSA/CSAP to support broad-based dissemination of their programs, but may disseminate their programs themselves.”<sup>3</sup>

The use of SAMHSA Model and Effective Programs has implications for effectiveness and for evaluation. Because the program has been “pre-tested” for effectiveness, it should result in effective outcomes, most of the time, if it is implemented properly. Further, because an evaluation process has also been designed for the program, local staff do not need to design or develop an evaluation model or tools, which should reduce the costs and resources needed for evaluation.

The four Inner City projects are described below in some detail, including the goals and expected outcomes of projects in 2005, data and outcomes reported by projects for 2004, evaluation instruments used, project funding, and sites where implementation occurs. The project monitoring and evaluation reports for 2004, and those available to date in 2005, were examined. The SAMHSA model programs in use were also examined, and project directors were contacted via telephone in regard to their use of Human Services Reporting System (HSRS) and other questions.

### **Project Descriptions**

#### **Dane County**

Contracting agency: Dane County Department of Human Services

Local Project Title: Exodus Program, subcontract with the Genesis Community Development Corporation. The program is 100% prevention. The Dane County project is not reporting on HSRS.

Table 1: Funding Requested for 2005:

Dane	SAPTBG	SDFSCA	Subtotal: SAPTBG + SDFSCA
Exodus Program	\$50,000	\$57,162	\$107,162

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<sup>3</sup> U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention website

Table 2: Recent Project Monitoring Reports Available in DHFS

Dane; Exodus	SDFSCA Annual 2004 Due: 3/1/05	Q4 and Annual- 2004 due: 1/31/05	Application for 2005 Submitted: 11/15/04	Q1-2005 due: 4/30/05 (provided as one document)	Q2-2005 due: 7/30/05 (provided as one document)
Project Alert		Yes		Yes	No
Life Skills		Yes		Yes	No
Parenting Wisely		Yes		Yes	No
All Sub-Projects	No		Yes		

Exodus is implementing three United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) model or evidence-based prevention programs:

- Project Alert
- Life Skills Training
- Parenting Wisely

Sites:

Dane County Alternative School

Dane County Transitional School

Madison Metropolitan School District

Bootstraps

The Boys and Girls Club of Dane County

Sun Prairie JFF, Youth groups, ?

JFF Joining Forces for Families

Community Centers

Various Community Locations, e.g., golf course, drug free events,

Madison Urban Ministry (MUM)

South Madison Anti-Drug Coalition

Allied-Dunn's Marsh Neighborhood Association

Allied-Dunn's Marsh Community Center

The First Tee of Madison

## 1. Project Alert

Project Alert is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education as a Model Program.

Project Alert is a drug prevention program for middle school students age 11 to 14 years.



It is a two-year, 14 lesson curriculum focusing on alcohol, tobacco, marijuana and inhalants. Research indicates it has been effective for a variety of racial and ethnic groups in urban and rural locations.

The program involves classroom discussions and small group activities including role-playing, home work designed to include parents, and videos that model appropriate behavior.

Project Alert is conducted in a classroom setting teachers trained teachers through a one-day workshop. The curriculum is implemented through 11 core lessons over 11 weeks the first year, followed by three booster lessons during three successive weeks during the second year.

### **Evaluation instruments used in 2005:**

Project Alert is evaluated through pre-post questionnaires that measure attitudes about alcohol and drug use, changes in use, knowledge and self-esteem, learning of coping and problem solving skills, and level of participation (attendance).

### **Evaluation Findings 2004:**

Project utilization data for all three programs were reported by demographic group. Overall, actual adult and youth participants exceeded planned levels, particularly for African Americans. However, the project fell short of its goals in providing Asians, Euro-Americans and Hispanics with AODA education and training.

Evaluation outcome data and results are not reported in the final quarterly summary. However, the project promises such information at the end of 2005: "For 2005 our goals remain the same. However, our measurable objectives have changes to provide more complete outcome data regarding increased knowledge, coping skills and changed attitudes of participants. This will be done with a combination of model programming and other activities specific to the African American experience."

The summary also states that the evaluation done to date (utilization data by demographic group) was done through an outside evaluator from the county's SIG program, and that data for evaluating Parenting Wisely "has yet to be made available through the Pacific Institute for Evaluation (PIRE)." Exodus also started "to use evaluation tools from SAMHSA that measure increased disapproval of substance and increased perception of risk/harm of substance use. We expect to have access to the SAMHSA data which will be reported at the end of 2005."

## **2. Life Skills Training (LST)**

Life Skills training (LST) is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education as a Model Program.

LST aims to instill drug resistance skills, personal self-management skills, and general social skills in elementary school youth aged 8-11 years and middle school youth aged 11-14 years.

**Evaluation instruments used in 2005:**

LSDT is evaluated through pre-post questionnaires that measure attitudes about alcohol and drug use, changes in use, knowledge and self-esteem, learning of coping and problem solving skills, and level of participation (attendance). This survey appears to be identical to the one used by Project Alert.

**Evaluation Findings 2004:**

(Same as above.)

**3. Parenting Wisely**

Parenting Wisely is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education as a Model Program.

Parenting Wisely teaches parents and their 9- to 18-year-old children skills for avoiding substance use and abuse. The Parenting Wisely program reduces “family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene.”

**Evaluation instruments used in 2005:**

Exodus is working with the Pacific Institute for Research and Evaluation (PIRE) on the evaluation of Parenting Wisely.

**Evaluation Findings 2004:**

(Same as above.)

**Kenosha County**

Lead Applicant Agency: Kenosha County Division of Children and Family Services

Local Project Title: Inner City High Risk Youth Project-Kenosha: SMART Moves  
Contracting agency: Boys and Girls Club of Kenosha, Inc.

Table 1: Funding Requested for 2005

Kenosha	SAPTBG	SDFSCA	Subtotal: SAPTBG + SDFSCA
Inner City High Risk Youth Project-Kenosha	\$50,000	\$57,162	\$107,162

Table 2: Recent Project Monitoring Reports Available in DHFS

Kenosha	SDFSCA Annual 2004 due: 3/1/05	Q4 and Annual- 2004 due: 1/31/05	Application for 2005 Submitted: 11/15/04	Q1-2005 due: 4/30/05	Q2-2005 due: 7/30/05
SMART Moves		<b>No</b>		<b>No</b>	<b>No</b>
All Sub- Projects	Yes		Yes		

The Kenosha Inner City program is prevention oriented. It does not report on HSRS.

Sites:

Boys and Girls Club  
Lincoln Elementary School  
Lincoln Middle School

### **Inner City High Risk Youth Project-SMART Moves**

Kenosha County subcontracts with the Boys and Girls Club of Kenosha, Inc. to provide alcohol and drug prevention services to high risk children, youth and their families in the Lincoln neighborhood and surrounding areas.

SMART Moves (Skills Mastery And Resistance Training) has been used by Boys and Girls Clubs for over ten years. Developed at Pennsylvania State University, the program is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) as an Effective Program.

The target group includes youth age 10-17 and parents. The four curriculums include Start SMART (age 10-12), Stay SMART (age 13-15), SMART Leaders (age 14-17), and SMART Parents. The program aims to serve 96 youth and 80 parents in eight groups during the school year. A summer booster program and a summer activity program are also part of the curriculum.

The project has three goals for which it evaluates outcomes.

Goal 1 is to “Prevent the use of alcohol or other drugs by SMART Moves Program Participants ages 10 to 17.”

One outcome objective for Goal 1 is that “30% of participants in the Start SMART, Stay SMART and SMART Leaders Programs will demonstrate a change in attitudes” about alcohol and drug use.

The second outcome objective for Goal 1 is that “30% of participants in the Start SMART, Stay SMART and SMART Leaders Programs will demonstrate a change in attitudes” about sexual activity.

Changes in attitudes are measured using pre and post paper surveys developed for the program at the Pennsylvania State University.

Goal 2 is to “Increase parental awareness of the SMART Moves prevention curricula and their ability to help their children in making healthy choices.”

The outcome objective is that “30% of parents will demonstrate and increase in knowledge of SMART Moves by at least one scale.”

Changes in attitudes are measured using pre and post paper survey “SMART Parents Assessment Form developed at the Pennsylvania State University, and a satisfaction scale developed by the Kenosha County program evaluator.

Goal 3 is to “Measure the increase in resistance skills among SMART Moves participants for the onset of alcohol or other drug use and sexual activity.”

The outcome objective is that 75% of participants who attend and complete at least 80% of the SMART Moves curricula will show an increase in resistance skills.”

The 2005 application does not define “resistance skills” or how this outcome objective will be measured.

#### **Evaluation instruments used in 2005:**

Data to measure the three outcome objectives will be collected and analyzed by the Kenosha County Department of Human Services Planning and Evaluation staff. The results will be available after the conclusion of the SMART Moves programs each semester; therefore the results for the school semester ending in the spring of 2005 should have been ready by July 31, the due date for second quarter results.

Changes in attitudes among SMART Moves participants age 10-17 are measured using pre and post paper surveys developed for the program at the Pennsylvania State University.

Changes in attitudes among parents are measured using pre and post paper survey “SMART Parents Assessment Form developed at the Pennsylvania State University. Parental satisfaction is measured using a satisfaction scale developed by the Kenosha County program evaluator.

For the third outcome objective, resistance skills, the 2005 application does not specify how this outcome objective will be measured.

#### **Evaluation Findings 2004:**

As noted in Table 2 above, the fourth quarterly progress report and the final summary for 2004 were not available in Central Office files (although the first three quarterly reports were found). However, Kenosha County did provide a Safe and Drug-Free Schools & Communities report in March 2005 which acted as a yearly evaluation of the SMART MOVES project.

The report provides utilization data that notes that the program planned to serve 72 youth, and served 69. It also noted that 48 youth actually completed the project successfully.

The report also presented the pre-post response rates for seven questions on the survey. In general, attitudes toward AODA use and sexual activities moved in a positive direction, although the degree of change (6% to 18% on individual questions) was less than the expected 30% change.

The results reporting here should be faulted for not including the results to all questions, instead of selecting a few. Further, it is unclear whether the survey sample size is identical to the 31 participants eligible for the survey. On the other hand, the results do represent a pre-post array of data not found in the 2004 results for other projects.

The author notes that pre-post tests will be administered by the local Kenosha County evaluator in 2005, rather than by the project Facilitators.

### **Racine County**

Lead Applicant Agency: Racine County Human Services Department

Local Project Title: High Risk Youth Substance Abuse Prevention Program

Contracting agency: Racine Council on Alcohol and Other Drug Abuse

Table 1: Funding Requested for 2005:

Racine	SAPTBG	SDFSCA	Subtotal: SAPTBG + SDFSCA
Early Childhood FAST Intervention			\$38,741
Middle School FAST Intervention			\$48,986
Middle School Transition Program			\$19,436

Table 2: Recent Project Monitoring Reports Available in DHFS

Racine	SDFSCA Annual 2004 due: 3/1/05	Q4 and Annual- 2004 due: 1/31/05	Application for 2005 Submitted: 11/15/04	Q1-2005 due: 4/30/05 (provided as three documents)	Q2-2005 due: 7/30/05 (provided as three documents)
Early Childhood FAST Intervention		Yes		Yes	Yes
Middle School FAST		Yes		No	No
Middle School Transition		Yes		No	No
3 Projects	No		Yes		

Sites include Racine elementary and middle public schools, and home visits. The Racine County project does not report on HSRS. The projects incorporate both prevention and family treatment.

### 1. Early Childhood FAST Intervention

Families and Schools Together (FAST) is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education as a Model Program.

The target group is 20-30 families per year with children age three to six who are enrolled in Head Start or another early childhood program at a Racine public school.

Goals are to strengthen parent-child relationships, help families feel more at ease in relationships with schools and other agencies, and to build peer support.

Families meet once a week for 2.5 hours for ten weeks. Activities such as listening, taking turns, and cooperation are taught through activities designed to be fun. One night-the fifth of ten-is devoted exclusively to AODA issues.

“The ultimate goal of both Middle School FAST and Early Intervention is to prevent substance abuse and increase the likelihood of the youth participants being successful in the home, school and community by building protective factors and strengthening families. A variety of evaluation instruments and methodologies will be used to measure outcome results to determine if objectives have been met.”

“The FAST program outcomes include improved behaviors and school performance of children, increased family cohesion (children and parents), increased knowledge about substance abuse and available resources, and increased knowledge of child development (parents).

“Ongoing support services are provided for up to two years after the program is completed through FASTWORKS.”

### **Evaluation instruments used in 2005:**

FAST Program Evaluation by Family to collect demographic information on the families participating.

Preschool and Kindergarten Behavior Scale by Merrell to assess children. Completed by parents before and after program participation to measure changes in children; “to compare any changes they have noticed in their children’s behavior that might be attributed to their participation in the program.”

FAST Program Evaluation by Family completed after the program is over by parents to measure their satisfaction with the program, and explain if the program affected their lives.

FAST Team Questionnaire completed by team professionals at weeks 3, 6 and 9 to note any behavioral and attitude changes in the families.

### **Evaluation Findings 2004:**

Utilization data were provided. The program aimed to serve 18-22 families, and actually served 21. The program aimed for an 85% graduation rate, but had a 72% graduation rate.

The PKBS-2 Behavior Rating Scale was administered to evaluate social skills and problem behaviors of children age 3-6 before and after the program. The results were not aggregated or used for program evaluation, nor was aggregate average change reported in the final quarterly summary. The results were shared with parents.

Parents completing the program were satisfied on a number of ways, including:

- 76% noted positive behavioral changes in their children
- 88% felt better about themselves as parents
- 100% planned to participate in FAST follow-up activities, if possible.

Team professionals completed surveys at weeks 3, 6 and 9 to note any behavioral and attitude changes in the families. However, no data are reported on the final summary, except that “100% of parents/families observed to have improved family functioning.”

## **2. Middle School FAST Intervention**

Families and Schools Together (FAST) is identified by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education as a Model Program.

The target group is 20-30 families per year with middle school-age children attending Racine public schools.

Goals are to strengthen parent-child relationships, help families feel more at ease in relationships with schools and other agencies, and to build peer support.

Families meet once a week for 2.5 hours for ten weeks. Activities such as listening, taking turns, and cooperation are taught through activities designed to be fun. One night-the fifth of ten-is devoted exclusively to AODA issues.

“The ultimate goal of both Middle School FAST and Early Intervention is to prevent substance abuse and increase the likelihood of the youth participants being successful in the home, school and community by building protective factors and strengthening families. A variety of evaluation instruments and methodologies will be used to measure outcome results to determine if objectives have been met.”

“The FAST program outcomes include improved behaviors and school performance of children, increased family cohesion (children and parents), increased knowledge about substance abuse and available resources, and increased knowledge of child development (parents).

“Ongoing support services are provided for up to two years after the program is completed through FASTWORKS.”

#### **Evaluation instruments used in 2005:**

FAST Program Evaluation by Family to collect demographic information on the families participating.

Behavioral and Emotional Rating Scale (Epstein/Sharma) is used by parents to rate children before and after participation; “to compare any changes they have noticed in their children’s behavior that might be attributed to their participation in the program.”

FAST Program Evaluation by Youth completed after the program is over by children to measure their satisfaction with the program, and explain if the program affected their lives.

FAST Program Evaluation by Family completed after the program is over by parents to measure their satisfaction with the program, and explain if the program affected their lives.

FAST Team Questionnaire-not noted in 2005 application for middle school FAST, but mentioned in the results section.

#### **Evaluation Findings 2004:**

Utilization data were provided. The program aimed to serve 21 youth, and actually served 19.

Parents completing the program were satisfied on a number of ways, including:

- 95% noted positive behavioral changes in their children
- 95% felt better about themselves as parents
- 100% planned to participate in FAST follow-up activities, if possible



Team professionals completed at least one survey and noted that “100% of parents/families observed to have improved family functioning.”

### **3. Middle School Transition Program**

Not recognized as a model program at this time; research does suggest that intervention at this age may produce beneficial effects.

The target group is 25-35 fifth grade students identified as being at risk.

Goals are:

“To encourage, support and increase self-esteem and positive alternative behavior in 80% of the program’s participants. Measured by Youth Progress Reports.”

“To increase student’s sense of belonging and skills in communication, problem solving and decision making. Measured by pre and post testing.”

“To delay the experimentation of alcohol and prevent the use of other drugs in 80% of the program’s participants. Measured by staff observation and the Social Competence Inventory Survey.”

“To improve the school subject grades and school attendance in 80% of the fifth graders as they transition to middle school. Measured by monitoring attendance and academic progress.”

The program facilitators are Teen Peer Educators, high school students who are committed to a drug free life style. Group meetings between youth and Teen Peer Educators are held weekly during the last semester of the fifth grade, through the summer, and during the first semester of the sixth grade. Teen Peer Educators also meet with their assigned students each week outside the group setting.

#### **Evaluation instruments and measures used in 2005:**

“Youth Assessment of Asset-Building Programs used to measure increase in developmental assets.”

“Transition Assessment Survey ask how the program helped the students adjust to their new school and feel comfortable in their new environment. It also determines the effectiveness of the Teen Peer Mentors.”

“Social Competence Inventory is a measurement tool completed pre and post by trained participant observers that acts as a youth progress report and measures increases in self-esteem, confidence, and positive behavior.” Will measure delays in alcohol use and avoidance of drugs, along with staff observations.

“Skills For Success Survey-LifeSkills Training Survey Middle School 101 utilized to ascertain the success of the program in helping participants to overcome the challenges of middle school and adolescence.”

“Parent Survey”

School attendance and grades.

#### **Evaluation Findings 2004:**

Utilization data were provided. The program aimed to serve 30 youth, and actually served 43.

95% of the participants showed an increase in self-esteem and positive behavior.

90% of the participants showed improvement in communication, problem solving and decision making.

100% of the participants said they would delay drug use.

90% were judged to possess the requisite developmental skills to do so.

75% of participants improved or maintained their grades compared to elementary school.

85% of participants did not miss school days and were not tardy.

#### **Rock County**

Lead Agency: Rock County Human Services Department

Local Project Title: AODA Inner City Services

Subcontractor: Beloit Inner City Council/Tellurian UCAN

Table 1: Funding Requested for 2005:

Rock	SAPTBG	SDFSCA	Subtotal: SAPTBG + SDFSCA
	\$50,000	\$57,162	\$107,162

Table 2: Recent Project Monitoring Reports Available in DHFS

Rock	SDFSCA Annual 2004 due: 3/1/05	Q4 and Annual- 2004 due: 1/31/05	Application for 2005 Submitted: 11/15/04	Q1-2005 due: 4/30/05 (provided as one document)	Q2-2005 due: 7/30/05 (provided as one document)
Beloit Inner City Outpatient AODA Education (treatment)		Yes		Yes	Yes
Beloit Inner City Learning Center (prevention)		Yes		Yes	Yes
All Sub- Projects	Yes		Yes		

Beloit Inner City Council/Tellurian UCAN is implementing the Beloit Inner City Outpatient AODA Education (treatment) program and the Beloit Inner City Learning Center (prevention). Sites are the public school in Beloit.

The Rock County project is not reporting on HSRS. The Rock County programs incorporate both prevention and treatment.

### 1. Beloit Inner City Outpatient AODA Education

The program will serve approximately 100 adults. The program aims to provide treatment/education to clients with a history of drug abuse in AODA, life skills, anger management and related topics designed to keep participants drug-free, help them develop positive parenting and life skills, and to engage them in constructive activities. Participants will have nine hours per week of individual and group therapy.

The outcome measures are:

- The number of participating who complete their individualized treatment plan objectives,
- The number of clients drug-free and crime-free for six months,
- The number of clients drug-free and crime-free for twelve months
- Self-reports of relationship improvement, and activities such as obtaining a driver's license.

**Evaluation instruments used in 2005:**

Count of persons completing their treatment plans  
How many clients are drug free and crime free 6 months and 12 months  
Self-reported relationships improvements

**Evaluation Findings 2004:**

Complete Utilization data for all aspects of the project were reported. The actual number of people served exceeded the target goals for the Outpatient AODA Education Group, 100 persons were expected to be served in 2004, and 115 completed the course.

Only four clients were contacted in a follow-up to see if they had remained crime-free and drug free. The project noted that it is difficult to find clients. They were developing materials to make this a more effective process.

Pre-post tests showed that 90% of participants learned new information from the course, while 10% did not.

**2. Beloit Inner City Learning Center**

The program will attempt to control and modify substance abuse, violence and angry behaviors among children who have been expelled or suspended from Beloit public schools. Participants will have daily classes with academics, anger management, AODA education, conflict resolution, and other strategies designed to modify negative behaviors.

The number of children to be served, and the components of the program are not clear from the 2005 application, which states "The Beloit Inner City Center is designed for students (11-14 years old) who are currently expelled or suspended from the school district of Beloit.....Beloit Inner City Learning Center anticipates serving eleven (11) program participants....The projected number of students in the expulsion program is (35) thirty-five. The projected number of students for the summer enrichment program is (20) twenty."

**Evaluation instruments used in 2005:**

"Weekly progress letters  
Tracking indigence of recidivism  
Demographic information on the total participants  
Examine attendance and probation reports  
Self report/Parent report  
Satisfactory completion of assignments."

## **Evaluation Findings 2004:**

Complete Utilization data for all aspects of the project were reported. The number of youth served exceeded the target goals for the youth program; 53 were served compared to a targeted 37.

No quantitative outcome information was presented for this project in either the final quarterly report summary or the SDFS report. As noted above, project staff did plan to develop and use additional outcome measures in 2005.

## **Conclusions and Recommendations for Improving Outcome Evaluations**

### **Inner City Projects:**

*For the most part, project outcomes and outcome measures were clear in the four 2005 applications, although there were ambiguities in the Dane County and Rock County applications. Kenosha and Dane Counties included sample evaluation measures, Racine and Rock Counties did not.*

Recommendation: Project applicants should describe clearly and in specific detail in the application what the expected outcomes are, and how they are to be measured. Sample copies of all surveys and evaluation measures to be used should be included.

*In order for the local Model Program to be presumed effective, it should incorporate the features and evaluation measures tested in the Model Program. Projects based on Model Programs in the four counties are not currently demonstrating that they are implementing the Model as prescribed, including evaluation materials.*

Recommendation: If the project is a U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program, projects should verify in the application that they are complying with the Model Program's implementation process and with its evaluation process and tools, or describe any differences between the Model and the local project.

*Quarterly and year-end performance reports were not generally turned in on time in 2004 and 2005. Most have included quarterly participation data. The first three quarterly reports have not included aggregated outcome results to date. The year-end reports characteristically report on selected outcome measures, rather than the total evaluation package.*

Recommendations: The Inner City projects should turn in quarterly and year-end performance reports by the due date. The quarterly reports should include all aggregated evaluation results and outcomes collected during the quarter, not just participation data. Projects should include a year-end aggregate outcome evaluation report along with, or as part of the fourth quarter report. The year-end aggregate outcome evaluation report should include a summary and analysis of all

outcome data collected, which should match all of the sample outcome measures described in that year's application.

**Central Office DDES Staff:**

*Central Office staffing for the Inner City Projects was short-handed in 2004 and 2005 due to illness.*

Recommendations: All of the Inner City projects need additional oversight and technical assistance in order to prove that they meet their evaluation goals, and demonstrate measured project outcomes.

*Reporting and analysis of aggregate outcome data in the quarterly reports was incomplete for all projects. There was little or no analyses, and measures planned in the application are often absent.*

Recommendation: Central Office DDES staff should consider revising Quarterly Form DSL-389, section D, Client Outcomes Progress. This section is currently an open ended narrative. Most of the received content is now descriptive or process related. This section needs to be more structured to ensure that it serves its intended purpose, for example, it could include a table or list of the outcomes and measures specified in the application, and then, data expected for each quarter.

*HSRS reporting is required by the State/County Contract. Currently none of the four projects report on HSRS.*

Recommendation: DHFS should clarify project responsibility for reporting clients receiving treatment and/or prevention services on HSRS.